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Attention:	Group Art Unit: 1745	From:	Travis Dodd
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Phone:		Phone:	818-833-2014
Company:	U.S. Patent and Trademark Office	Company:	Quallion LLC
		Pages:	Total of (15) Pages
Re:	Application Serial No.: 10/695,466	Date:	March 27, 2007
Title: ELECTRIC BATTERY ASSEMBLY CONSTRUCTION AND METHOD OF MANUFACTURE			
Filed: October 27, 2003			
Examiner: Dah-Wei D. Yuan			
Group Art Unit: 1745			
Attorney Docket No.: Q128-US2			

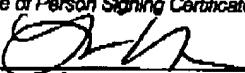
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I hereby certify that the following documents are being facsimile transmitted to the United States Patent and Trademark Office, Fax No. 571-273-8300 on March 27, 2007:

Amendment Transmittal Letter (2 pages)
Fee Transmittal (in duplicate) (2 pages)
Amendment (6 pages)
Information Disclosure Statement (in duplicate) and PTO Form 1449 (3 pages)
Form PTO-2038, credit card authorization (1 page)

Lisa K. Robbins
(Name of Person Signing Certificate)

(Signature)

Quallion LLC

PO Box 923127, Sylmar, CA 91392-3127 • PH: (818) 833-2000 • FAX: (818) 833-2085

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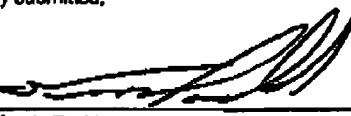
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number 10/695,466	MAR 27 2007
		Filing Date October 27, 2003	
		First Named Inventor Wendy Fong et al.	
		Group Art Unit 1745	
		Examiner Name Dah-Wei D. Yuan	
Total Number of Pages in This Submission		Attorney Docket Number Q128-US2	

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Authorized <input checked="" type="checkbox"/> Amendment After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement Certified Copy of Priority Document(s) Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53	Assignment Papers (for an Application) Drawing(s) Licensing-related Papers Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address Terminal Disclaimer Request for Refund CD, Number of CD(s) _____	After Allowance Communication to Group Appeal Communication to Board of Appeals and Interferences Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please identify below): <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
Remarks		
Customer Number or Bar Code Label 31815 <i>(Insert Customer No. or Attach bar code label here)</i>		

The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 50-0921. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

By: 

Travis Dodd
Attorneys for Applicant(s)
P.O. Box 923127
Sylmar, CA 91382-3127

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail
In an envelope addressed to: Commissioner of Patents and Trademarks, Washington, DC 20231 on this date:

Typed or printed name	TRAVIS DODD		
Signature		Date	

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	Drawing(s)	Appeal Communication to Board of Appeals and Interferences
	Licensing-related Papers	Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
	Petition to Convert to a Provisional Application	Proprietary Information
	Power of Attorney, Revocation Change of Correspondence Address	Status Letter
	Terminal Disclaimer	Other Enclosure(s) (please identify below):
	Request for Refund	
	CD, Number of CD(s)	
	Remarks	

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The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 50-0921. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

Dated: 3/27/2007 By: Phone: (818) 833-2003
Fax: (818) 833-2065Travis Dodd
Attorneys for Applicant(s)
P.O. Box 923127
Sylmar, CA 91392-3127**CERTIFICATE OF MAILING**

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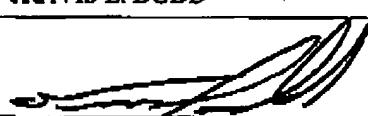
TOTAL AMOUNT OF PAYMENT:	\$ 180.00
METHOD OF PAYMENT (check One)	<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and/or credit any over payment to:</p> <p>Deposit Account No.: 50-0921 Deposit Account Name: Quallion LLC</p> <p><input checked="" type="checkbox"/> Charge any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p>2. <input checked="" type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Other - Credit Card</p>

2. UTILITY Basic Filing Fee & Claims

(1) For	(2) No. filed	(3) No. extra	(4) Large Entity	(5) Small Entity	(6) Calculations
Basic Filing Fee	XX	XX	\$300.00	\$150.00	\$0.00
Total Claims	7 - 20 =	0	X \$50.00	X \$25.00	\$0.00
Independent Claims	1 - 3 =	0	X \$200.00	X \$100.00	\$0.00
Multiple Dependent Claim(s) (if applicable)			\$360.00	\$180.00	\$0.00
Total of above Calculations =					\$0.00
Basic Filing Fee	Large Entity	Small Entity	Total		
Design filing fee	\$ 350.00	\$ 175.00	\$0.00		
Reissue filing fee	\$ 790.00	\$ 395.00	\$0.00		
Provisional filing fee	\$ 160.00	\$ 80.00	\$0.00		
Total of above Calculations =					\$0.00

3. ADDITIONAL FEES

Fee Description	Large Entity	Small Entity	Other
Information Disclosure Statement	\$	\$	\$180.00
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
TOTAL:			\$180.00

Name (print/type)	TRAVIS L. DODD	Registration No.: (Attorney/Agent)	42,491
Signature		Date	3/27/2007

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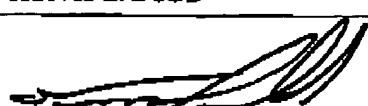
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	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
TOTAL:			\$180.00

Name (print/type)	TRAVIS L. DODD	Registration No.: (Attorney/Agent)	42,491
Signature		Date	3/27/2007